

## CLAIMS ONLY

Application Number

10/611,809

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6		1		1		
7	1		1			
8		1		1		
9	1		1			
10		1		1		
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Total Indep	7		7			
Total Depend	6		6			
Total Claims	13		13			

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						